PART B - FEE(S) TRANSMITTAL

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QUARLES & I 411 E. WISCON SUITE 2040		2006	I her State	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
MILWAUKEE,	WI 53202-4497			Ran (Ba	LQ((Depositor's name)	
				Kanc.	salu	(Signature)	
				1 3/15/07		(Date)	
	FU ING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
APPLICATION NO.	02/10/2004	<u>. </u>	Joseph F. Poduslo		630666.00028	1458	
10/775,562 TITLE OF INVENTION		OSITION WITH INCRE	ASED BLOOD BRAIN BA	ARRIER PERMEABILIT	Y		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$300	\$0	\$1000	03/26/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
JONES, DAMERON LEVEST		1618	424-001690				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
THE STATE NAME OF	les en endaman la idant	ified below no essionee) 1 # 2452///#re 101 1111119 mm	atent. If an assignee is i assignment.		ocument has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY) 200 First Street SW				
Mayo Foundation for Medical Education			Rochester, MN 55905				
and Research Please check the appropriate assignee category or categories (will not be p			rinted on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government				
			 ib. Payment of Pee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Peposit Account Number 17-0055 (enclose an extra copy of this form). 				
5. Change in Entity St	atus (from status indicate	ed above)	8 7), A 11	nger claiming SMALL EN	JTITV etatus See 37 C	FR 1 27(eV2)	
MOTE: The Issue Fee of	ns SMALL ENTITY stated	mired) will not be accept	ed from anyone other than	the applicant; a registered	attorney or agent; or the	he assignee or other party in	
interest as shown by the	records of the United St	ates Parent and Prademar	rk Office.	71-	122		
Authorized Signature Author.			Date 5 15 01				
Typed or printed name Jean C. Baker			Registration No. 35,433 ion is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) 2.1.4. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and				
an application. Confide submitting the complet this form and/or sugges Box 1450, Alexandria, Alexandria, Virginia, 2	ntiality is governed by 3. ed application form to the stions for reducing this by Virginia 22313-1450. D	to NOT SEND FEES OR	tion is required to obtain or R 1.14. This collection is early depending upon the inditude the Chief Information Offic COMPLETED FORMS Terespond to a collection of in	vidual case. Any comme er, U.S. Patent and Trade O THIS ADDRESS. SE	nts on the amount of ti mark Office, U.S. Dep ND TO: Commissioner	me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

OMB 0651-0033